

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>10324</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Ray Clegg P.O. Box, Bldg., Room No., if any Street 3250 Euclid Avenue City Cleveland State Ohio ZIP Code +4 44115	4. Name, file number, and address of labor organization. Name Building & Construction Laborers Local 310 Labor Organization File Number 042-007 P.O. Box, Building and Room Number, if any Street 3250 Euclid Avenue City Cleveland State Ohio ZIP Code +4 44115
5. Position in labor organization. Field Representative Employee	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code +4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Roy L. Clegg</u>	On <u>8.13.05</u>	216-881-5901
	Date	Telephone Number

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State Ohio

ZIP Code + 4

9. Business deals w th

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State Ohio

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name

BOYD WATTERSON

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1801 East Ninth Street

City Cleveland

State Ohio

ZIP Code + 4

44114

14.a. Nature of payment.

T 1/18/04 Meal at Orlando Palm Restaurant

I did not see the bill and I do not know the price of the meal.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.